

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005340

STATE FILE NUMBER

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 60

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Mo.		c. CITY OR TOWN Kirksville, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If outside, give location) 604 W. Filmore	
3. NAME OF DECEASED (Type or print) First Middle Last Claude Walton Garrison		4. DATE OF DEATH Month Day Year February 14, 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-29-1878
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction engineer		10b. KIND OF BUSINESS OR INDUSTRY engineer	
11. BIRTHPLACE (City and state or country) Bellaire, Ohio		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Garrison		13b. MOTHER'S MAIDEN NAME Cornelia Hubbard	
14. NAME OF HUSBAND OR WIFE Eva Garrison		604 W. Filmore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Eva Garrison, 604 W. Filmore, Kirksville, Mo.		Address Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Angina pectoris</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1-1-1955 to 2-14-62 and last saw him alive on 2-13-62 Death occurred at 5 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. L. Martine Do.</i> (Degree or title)		22b. ADDRESS Kirksville	
22c. DATE SIGNED 2-14-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-17-62	23c. NAME OF CEMETERY OR CREMATORY Maple Hills	23d. LOCATION (City, town, or county) Kirksville, Mo.
24. FUNERAL DIRECTOR Dec Riley Funeral Home, 415 N. Franklin, Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 2-17-1962	
26. REGISTRAR'S SIGNATURE <i>Doris W. Raloff</i>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Declarant's Statement on Reverse Side)

C.L. MARTIN, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address Kershville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.